MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-013382							
DO NOT WRITE AMENDED			Registration District No. 317 Primary Registration District No. 549 Registrar's No. 71	STATE FILE NUMBER			
ON THIS STUB	AMENDED			FILED MAD 2 & 10FF			
VS 300]]		a. COUNTY St. Louis,	deceased lived. If institution: Residence before COUNTY admission)		
Rev. 4/59	NDED			b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY	Inside Limits		
111.	AME			TOWN Richmond Heights, 3 DAYS TOWN St. Louis,			
14005	2 : 21 4 57,			c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Mary's Hospital, INSTITUTION St. Mary's Hospital, Yes IP No ADDRESS 3011a Os	(If cutside, give location) Reside on Farm sage St., Yes No [2]		
3	' 4	2		3. NAME OF DECEASED First Middle Last 4. DATE (Type or print) OF	Month Day Year		
				Magdalene C. Bauer DEATH	March 4, 1962		
4 /		1		The doctor of the contract of	ast birthday) IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
5 0		11		Female. White Widowed Divorced 12/25/1892 69 10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state			
6	SS			Insurance Clerk. E.K. Love Realty Co. St. Louis, Miss			
7 0	<u> </u>	11		136. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14	NAME OF HUSBAND OR WIFE		
	FOLLO			Adelbert Bauer, Mary Seemann,			
8 6	§ ∣			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes, give war or dates of service) NO. Sr. M. Ludmilla S	Address		
9	ARE	11			S.M. 1100 Bellevue Ave.		
10			DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line fi PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (Yevilouitis from performance)	bawel 3 days		
11	DOF				0		
1246- 0	ᆲ[절]		ă	Conditions, if any, which gave rise to DUE TO (b) Cavcusma sigmais Co	lon 2 was +		
13	SIH SN		-	1 -1	3.3		
46	8	11		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termina disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days.		
	5 S				☐ Yes ☑ No ☐ Unknown		
	AMENDMENT			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY PERFORMED? PERFORMED? VES NO	e of injury in PART I or PART II of item 18.)		
Z Z	AMEN			20c. TIME OF Houl Month, Day, Year INJURY: a.m.			
USE BLACK INK OR PEWRITER RIBBON				p.m. 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK	COUNTY STATE		
ER PE	PP			MANGE 1 1962 Want 4 1962	at alive on mosch 3, 1962		
E BL.	LD RE	·		1.60 A M	st of my knowledge, from the causes stated.		
USE BLAC OR TYPEWRITER	SHOULD		T OF	Solehu Termen M.D. 226. ADDRESS 634 2 20.	and 22c. DATE SIGNED		
	-	++	┤⋛┃	DEMOVAL (Speciful)	ON (City, town, or county) (State)		
	Š.		AFFIDA	Removal. 3/7/62 SS. Peter & Paul Cemetery, St.	Louis, Mo.		
	ITEM	$\ \cdot\ $	BY A	Gebken-Benz Mortuary, 2842 Meramec St., 25-62	June Murfly M. A.		
	<u>' '</u>		•	St. Louis, 18, Mo.			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed You M. Syxunon
Signature of Student Embalmer	Ozla Ha
	P. O. Address Africa M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.